

## DISQUALIFICATION CONSENT AGREEMENT

Name:	Case Number:	Date:
Street Address:	State:	ZIP Code:

We believe you received Wisconsin Works (W-2), Aid to Families with Dependent Children (AFDC), and/or Food Stamp payments or benefits to which you were not entitled by:

- a) intentionally making a false or misleading statement;
- b) intentionally misrepresenting or withholding facts;
- c) committing an act intending to mislead, misrepresent, or withhold facts.

Your case has been referred to the District Attorney for prosecution for civil or criminal misrepresentation or fraud. There is evidence to support the following charge. You may defer prosecution by signing this disqualification consent agreement. By signing this agreement you will receive the penalty noted below for each program. The penalty will be imposed on the household for the disqualification period even though you have not been found guilty of civil or criminal misrepresentation of fraud.

<b>If you are currently receiving Wisconsin Works (W-2), you will:</b>		
<input type="checkbox"/> Receive one (1) strike because this was your first violation. There is no disqualification period.	<input type="checkbox"/> Receive two (2) strikes because this was your second violation. There is no disqualification period.	<input type="checkbox"/> Receive three (3) strikes and be permanently disqualified from your current W-2 employment position.
<b>If you are currently receiving AFDC you will be disqualified from AFDC benefits for:</b>		
<input type="checkbox"/> Six (6) months because this was your first violation.	<input type="checkbox"/> Twelve (12) months because this was your second violation.	<input type="checkbox"/> Permanently because this was your third violation.
<b>If you are currently receiving Food Stamps, you will be disqualified from Food Stamps for:</b>		
<input type="checkbox"/> One (1) year because this was your first violation.	<input type="checkbox"/> Two (2) years because this was your second violation.	<input type="checkbox"/> Permanently because this was your third violation.

You and the other members of your assistance group are responsible for repaying any payments or benefits you received fraudulently. W-2, AFDC and/or Food Stamps payments or benefits will be reduced to recover the overpayment.

To agree to disqualification, read the statement below and sign the agreement in the designated space. If you are not the head of the household, the head of the household must also sign this agreement.

**I understand that by agreeing to disqualification, the disqualification penalty or penalties described above will be imposed and I am waiving my right to an Administrative Disqualification Hearing.**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Signature of Individual	Date
Signature of Head of Household	Date
Judge's Signature (Required for W-2 or AFDC Consent Agreements)	Date

White: Participant

Pink: Agency

Yellow: District Attorney